
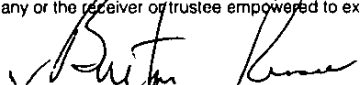


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90351 025 ****50.00

DOCUMENT # M01000001469 1. Entity Name RISSMAN INVESTMENT COMPANY, L.L.C.					
Principal Place of Business 21411 CIVIC CENTER DRIVED, SUITE 306 SOUTHFIELD, MI 48076			Mailing Address 21411 CIVIC CENTER DRIVED, SUITE 306 SOUTHFIELD, MI 48076		
2. Principal Place of Business - No P.O. Box # 25899 W. 12 MILE RD.		3. Mailing Address 25899 W. 12 MILE RD			
Suite, Apt. #, etc. SUITE 260		Suite, Apt. #, etc. SUITE 260			
City & State SOUTHFIELD MI		City & State SOUTHFIELD MI			
Zip 48034 Country		Zip 48034 Country		02282007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 38-6166307				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVERMAN, ARTHUR 301 YAMATO RD BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RISSMAN, ROBERT 21411 CIVIC CENTER DRIVE, SUITE 306 SOUTHFIELD, MI 48076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25899 W. 12 MILE RD., SUITE 260 SOUTHFIELD, MI 48034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RISSMAN, BURTON 21411 CIVIC CENTER DRIVE, SUITE 306 SOUTHFIELD, MI 48076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25899 W. 12 MILE RD., SUITE 260 SOUTHFIELD, MI 48034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 4-5-07		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					